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## APPLICANTS

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Verified 056

## \*\* CONTINUING DATA \*\*\*\*\*

None 056  
None 054

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

## \*\* SMALL ENTITY \*\*

\*\* 01/10/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged Examiner's Signature	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
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## TITLE

Method of grouping patient information

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